

such reactions are comparatively readily induced with typhus blood.* Baehr, Plotz and Olitzky⁵ explain this fact by the assumption that the bacilli rapidly lose their virulence when grown artificially, even in the original culture taken directly from the blood of the typhus patient. There is another explanation which suggests itself; namely, that in typhus blood the bacilli, though few in number, are fortified with anti-immune bodies (probably present in large quantities before the crisis), which protect the organisms against the natural immunity forces in the new host and thus enables them to multiply and cause the disease. On the other hand, a suspension of bacilli taken from an artificial culture, being free from anti-immune bodies, are quite rapidly destroyed by the natural immunity of the new host. The fact that the organisms disappear from the blood of a patient within 24 to 36 hours after the crisis speaks in favor of this theory, as it illustrates the rapidity with which the bacilli are destroyed when the balance of immunity is on the side of the host. It is probable that if the bacilli were suspended in filtered typhus blood taken at the height of the disease and then injected into a susceptible animal, they might then cause the typical typhus reaction with greater regularity, the bacilli now being protected by the anti-immune bodies in the filtered serum. This suggestion is made with the hope that workers who have an opportunity to study typhus cases may try this simple experiment and thus may possibly help finally to solve the important problem of the etiology of typhus exanthematicus.

* In two instances Baehr, Plotz and Olitzky were successful in obtaining a reaction in guinea pigs following the injection of cultures of bacillus typhi exanthematici obtained from two epidemic cases (Jour. Infect. Dis. 1915 17, 1, pp. 52-56). Unfortunately both of these animals died before the exact nature of these reactions could be determined by immunity studies. Olitzky, Denzer and Husk,⁶ in their more recent studies in Mexico, found that "the injection into a guinea pig of a colony taken directly from the blood culture tube proved the organism to be pathogenic." But in this instance, too, apparently no immunity studies were possible on account of the sudden interruption of the work.

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University of Oregon, Department of Medicine, Portland, Oregon.

SULPHUR AS A REMEDY FOR RHEUMATISM.

By W. F. McNUTT, Sr., M. D., San Francisco.

According to the London Lancet, February 6th, 1915, Sir Lauder Brunton made a discovery, accidentally, however, viz: that sulphur is a potent remedy in rheumatism. Sir Lauder had a patient with rheumatism in the hand which his remedies failed to cure. A friend of the patient's, a kindly old lady of course, told her to put sulphur in her stockings, which she did, and her rheumatism was completely cured. Sir Lauder expressed surprise, not only that the sulphur in her stockings cured the patient, but that the silver bangles that the patient wore on her arms turned black.

Verily there is nothing new under the sun. If Sir Lauder had consulted Dr. H. W. Fuller's old work, London Edition, 1825, on rheumatism, rheumatic gout and sciatica, he would have found sulphur highly recommended for these diseases. Fuller states that it was then an old domestic

remedy in the north of England for the diseases. I have many times used it with excellent results in sciatica, by taking a long flannel bandage, rubbing the sulphur into it as one would plaster of paris in a mesh bandage, and wrapping the whole leg. Any silver article in the pocket or ornament worn by the patient will be blackened in 48 hours. The absorbed sulphur eliminated by the skin and bowels is the sulphide; that eliminated by the kidneys is the sulphate.

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SOCIETY REPORTS

ALAMEDA COUNTY.

Following is a report of meetings held during November:

November 10th.

Dr. Bowles, chairman.

I. Diagnosis and treatment of acidosis, especially in diabetes. Dr. Albert H. Rowe.

II. Management of eclampsia cases. Dr. Edward N. Ewer.

III. The care of the breasts. Dr. Dudley Smith.

November 20th.

Regular monthly meeting. Program arranged by Dr. Dudley Smith.

I. The relief of pain in labor. Dr. Dudley Smith.

II. Present status of gas-oxygen anesthesia and twilight sleep. Dr. F. W. Lynch, San Francisco.

III. Technic of gas-oxygen administration in labor. Dr. Florence Sylvester.

IV. The application of anoci-association to obstetrics. Dr. Carl L. Hoag, San Francisco.

E. E. BRINCKERHOFF, Secretary.